

10/2/2019

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Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.
Account Number : 120010000062
Phone : (323)962-8600
Fax Number : (323)962-3889

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

EXPEDIENT SOLUTIONS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

OCT 4 2019 5:17 PM

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EXPEDIENT SOLUTIONS, INC.

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation transact business in Florida.

Please return all correspondence concerning this matter to the following:

Cheyenne Moseley

(Name of Person)

Legalzoom.com, Inc.

(Firm/Company)

101 N. Brand Blvd 11th Floor

(Address)

Glendale, CA 91203

(City/State and Zip code)

For further information concerning this matter, please call:

Cheyenne Moseley

(Name of Person)

at (800) 773-0888ext9724

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☒ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Sta:
Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

EXPEDIENT SOLUTIONS, INC.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. _____
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
3. _____
(State or country under the law of which it is incorporated)
4. _____
(Date of incorporation)
5. _____
(FBI number, if applicable)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. _____
(Principal office address)

_____ (Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: United States Corporation Agents, Inc.

Office Address: 5575 S. Semoran Blvd., Suite 36

Orlando, Florida 32822
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity further agree to comply with the provisions of all statutes relative to the proper and complete performance of duties, and I am familiar with and accept the obligations of my position as registered agent.

X 

CHEYENNE MOSELEY, ASSISTANT SECRETARY
UNITED STATES CORPORATION AGENTS, INC

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

RECEIVED BY CIVIL
TALLAHASSEE, FL

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Wendy Yair

Address: 8340 Grand Prix Lane

Boynton Beach, FL 33472

Director: _____

Address: _____

B. OFFICERS

President: Wendy Yair

Address: 8340 Grand Prix Lane

Boynton Beach, FL 33472

Vice President: _____

Address: _____

Secretary: Wendy Yair

Address: 8340 Grand Prix Lane, Boynton Beach, FL 33472

Treasurer: Uzi Yair

Address: 8340 Grand Prix Lane, Boynton Beach, FL 33472

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors12.  _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated are true and that he or she is aware that false information submitted in a document to the Department of State is a third degree felony as provided for in s.817.155, F.S.

13. Wendy Yair, President _____

(Typed or printed name and capacity of person signing application)

SECRET
NO DISSEM
FL

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

EXPEDIENT SOLUTIONS, INC.

FILE NUMBER: C2109047
FORMATION DATE: 05/18/1998
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financi
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certi
and affix the Great Seal of the State of
California this day of September 13, 201

ALEX PADILLA
Secretary of State